MAINE DEPARTMENT OF CORRECTIONS

REQUEST FOR NEWS MEDIA ACCESS TO PRISONER OR RESIDENT

I, ____________________________, on behalf of ________________________________

Media Representative                          Name of Media

Address

__________________________________________
Email Address                               Phone Number

am requesting access to ________________________________

Name of Prisoner or Resident

For the following purpose(s): ________________________________

__________________________________________
__________________________________________

__________________________________________

to be published or broadcast: ____________________________

When __________________________________________

Where _________________________________________

I understand that the prisoner’s or resident’s participation is voluntary and is contingent upon the approval of the
Chief Administrative Officer, the Commissioner’s Office, and of the prisoner’s or resident’s parent or guardian (if
the prisoner or resident is a minor or an adult with a guardian). I understand that access, if granted, is subject to
certain conditions, which if violated will result in termination of access by facility staff. I further understand that
the prisoner or resident may terminate the access at any time for any reason. I also understand that the publication,
broadcasting, or any other disclosure of identifying information of a prisoner or resident who is a minor or an adult
with a guardian is strictly prohibited at all times and that a prisoner or resident who is 18 or over and who does not
have a guardian must specifically authorize the publication or broadcast of identifying information.

If you have any questions, please contact the Commissioner’s office at (207-287-2711).

__________________________________________
Signature of News Media Representative                       Date